Application for Opening of ICI Students Chapter



Indian Concrete Institute

No.201, First Floor, Ten Square Mall, No.64, Jawaharlal Nehru Road, Koyambedu, Chennai - 600 107, Phone : 044 - 24792602, 24795148 Email : ici4@airtelmail.in, secgenici@airtelmail.in

:maii : ici4@airteimaii.in, secgenici@airteimaii. Website : www.indianconcreteinstitute.org

1.	Name of	the College / Unive	ersity :						
2.	ICI Orgar	izational Members	:ship No :	3. Date of Jo					
4.	Membership Details of Four Faculty Members (Name and Membership No.):								
	a			b					
	C			d					
5.	Institute Address:			Particulars of H.O.D. & Students Chapter Coordinator					
				a. Name :					
				Designa	ation:				
				Mobile 1	No. :				
				E-mail I	D :				
	City / Tov	/n :	Pin	b. Name :					
	District :		State :	Designation :					
	Telephon								
	E-mail:			E-mail ID :					
6.	No. of St	udent Members :							
7.	Fee Stru	cture:							
	SI.No.	SI.No. Year of Study Applicable fees (includes GST 18%) R		Period	No. of Members	Grand Total Rs.			
	1.	First Year	1400	For all Four Years.					
	2.	Second Year	1200	For Three Years.					
	3.	Third Year	900	For Two Years.					
	4.	Fourth Year	500	For One Year					
	5.	PG	500	Per Year.					
8.	Payment	Details: Cash	Cheque D.D.	Amount	D.D./ Cheque	No			
	date	drawn on	(Cheque / D.D. to be drawn	 ı in favour of " Indian Co	oncrete Institute"			
	payable at Chennai. (OR) Credit to the account of ICI, A/C No.000101208599 in ICICI Bank, Chennai Branch. NEFT / IFSC								
	, ,	,	orean to the account of for,	, 10 110:000 10 1200000 111	rerer Barm, errermar Br				
Nat		(IC0000001).	DE STUDENT MEMBERS 4-	rmat about in the assert	nago				
NOT			OF STUDENT MEMBERS fo						
			ants to become a regular mo be adjusted against the tota		by him/her or the entrar	nce fee,			
Date	e:				Seal & Signatu	re of Principal / H.O.D			

LIST OF STUDENT MEMBERS

LIGI OF GEODEITT MEMBERG								
1. Nar	1. Name of the College / University:							
2. No.	2. No. of Student Members							
3. Par	3. Particulars of Student Members :							
S.No.	Name (in Capital Letters)	Year of Study	Membership Fee Paid	E-mail IDs	Contact No.			

*	A soft copy of this list is to be sent co	mpulsorily for making Certificates f	or the Students. Please	e ensure that there is no error in the	above particulars.
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Attach additional sheets as required.

LIST OF STUDENT MEMBERS

S.No.	Name (in Capital Letters)	Year of Study	Membership Fee Paid	E-mail IDs	Contact No.